

L020000034119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Notarizer DCC

Updater Office Use Only

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



900009415769

12/18/02 --01024-- 001 **25.00

FILED

02 DEC 18 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: NATIONAL CONSUMER SOLUTIONS,

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING : P.O. BOX 667527 POMPANO BEACH, FL 33066

PHYSICAL : 1739 SW 38 AV. LAUDERHILL, FL 33311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ALEX OLIVEIRA
Name
2923 SW 11 PLACE
Florida street address (P.O. Box **NOT** acceptable)
DEERFIELD BEACH, FL 33442
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 689, F.S.

Alex Oliveira
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Alex Oliveira
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALEX OLIVEIRA
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
02 DEC 8 11 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA